

have a recession in first-time home buyers. We have a recession in the move-up market.

The man who is transferred from Missouri or Georgia who can't sell his house in Missouri, can't come to Georgia, can't take the transfer. The corporation can't afford to buy the house and hold it for him because of the proliferation of inventory that is owned and today in the United States of America one in two sales made every day is a short sale or a foreclosure. That is an unhealthy market, and it is continuing to precipitate a downward spiral in values, loss of equity by the American people, and a protracted, difficult economic time for our country.

Tomorrow, joined by a number of Members of this Senate on both sides, I will reintroduce the \$15,000 tax credit that is available to any family or individual who buys or occupies any home in the United States of America as their principal residence with no means test for first-time home buyers, no means test or income limitations. Tomorrow it also will be announced in New York the Business Roundtable has adopted this tax credit as its No. 1 suggestion to the U.S. Government as the one thing we can do to turn around the American economy.

I am getting to be a pretty old guy. I went through the second recession of my career in 1974. Gerald Ford was President, it was a Democratic Congress. America had a 3-year standing inventory of new houses built and unsold. The economy went into a tailspin. Values started to go down. We were in deep trouble.

That Republican President and that Democratic Congress came together and passed a \$2,000 tax credit for any family who bought and occupied as its principal residence a new house that was standing and vacant. In 1 year's time, a 3-year inventory was reduced to 1 year; values stabilized, the economy came back, home sales became healthy, and America recovered. That is precisely what will happen this time.

I am not so smart that I figured it out, I am lucky enough that I lived through it in 1974, and 30 years later we need to do the right thing for America and the right thing for our economy and put in a time-sensitive, 1-year significant tax credit for anyone who buys and occupies as their residence a single-family home.

An independent group estimated, when I introduced this last year, that it would create 700,000 house sales and 684,000 jobs this year. I think it is ironic that house sales today are at half a million. A normal to good year in the United States is 1.2 to 1.5 million sales.

If you could get the tax credit and the 700,000 sales that have been estimated it will introduce and add it to the 500,000 sales we have today, it will return our housing market to normalcy. It will stabilize the values of the largest investment of the people of the United States of America. It will recreate equity lines of credit that

have dissipated and disappeared in the American family. And over time it will restore our vibrant economy back to the economy we all hope and pray will come.

So I ask all of the Members of the Senate to reconsider their positions in the past and consider joining me in the introduction of this legislation tomorrow. We have three Democrats and three Republicans who have come on board. I would like to see all 100 of us because in the end all of our problems will be more easily solved if the problems of the American taxpayers and citizens are solved, and their biggest problems today are an illiquid housing market, a decline in their equity, a decline in their net worth, and a depression in the housing market that we are obligated to correct if we possibly can.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma is recognized.

HEALTH CARE

Mr. COBURN. I wish to take a few minutes this evening to kind of discuss with the American people what is going to happen on health care—what it looks like is going to happen.

As a practicing physician, there are things I know that if we start from ground zero we would do in health care in this country. But as I was reading some articles, I pulled this quote. This is by Adrian Rogers, and it really belies what is happening right now with this idea of transferring the wealth. Here is what he said:

You cannot legislate the poor into freedom by legislating the wealthy out of freedom. What one person receives without working for, another person must work for without receiving.

The government cannot give to anybody anything that the government does not take first from someone else. When half of the people get the idea that they do not have to work because the other half is going to take care of them, and when the other half gets the idea that it does no good to work because somebody else is going to get what they worked for, that, my dear friend, is about the end of any Nation. You cannot multiply wealth by dividing it.

Those are pretty wise words.

As I think about the trillions of dollars that have gone through Congress this year and the fact that our spending is totally out of control, with minimal effect other than things like the Senator from Georgia—had we actually spent the \$35 billion on a tax credit to stimulate housing rather than spending about \$100 billion on true, true stimulus activities and another \$680-some billion on other items, and the fact that all of a sudden we are now talking about pay-go—that is about me paying and you going—and we have spent \$800 billion in the last year and avoided pay-go 15 times in the Senate in the last year. Fifteen times we have said: Oh, time out, pay-go does not count. And we spent another \$800 billion. What that means is we did not have the money, we borrowed it.

So as we start into the health care debate, there are some things I believe are critically important that I think most Americans would agree with.

The first is that individuals ought to be in charge of their health care. Nothing should stand between you as a patient and your physician. No bureaucrat, no government-run program should get in between that relationship.

The second thing I know is you ought to be able to pick what you want, you ought to be able to afford what you want, and you ought to be able to do that at the time that is appropriate for your health care needs. That means you have to be in charge of your health care, you cannot have someone else. I am reminded of that fact because we have a Medicaid Program in which 40 percent of physicians in this country do not participate, and what we are really saying to people on Medicare is: We will give you health care, but we will limit a large number of physicians and providers because we are not willing to pay what it actually costs to do that.

The third thing is that we cannot assume, which we have, and I am worried we will, that people cannot manage their own health care, that they have to have Uncle Sam manage it for them. Nothing could be further from the truth.

There are some key components. Health care is about people. It is not about an insurance company, it is not about your employer, and it is certainly not about the government. It is about you. And if it is about you, you ought to be in control of that—absolutely, without a fact be in control. You ought to have a caring professional who will be able to spend the time with you to truly teach you prevention, to truly work with you on wellness, to truly manage your chronic disease, and then we ought to recognize that those services ought to be paid for, not outlandish fees but appropriate payment.

You recognize that in none of the government-run programs, which is now 60 percent of health care, do we truly pay for prevention. We will pay for it when you get sick. That is why we have “sick care” in America. We do not have health care, we have sick care. And we do not have real insurance. What we have is prepaid health expense, which about 20 percent, 25 percent of the money that went into that health insurance doesn't ever come back to help you get well or prevent you from getting sick.

So we ought to be about the fact that we know there is something wrong with health care in America today. We all know that. We are dissatisfied, whether it is the bills you get after you get a test that you can't read or can't understand or you have to wait or have an approval to get something. Regardless of what your doctor thinks, you still may not be able to access that care. There is no question we need to

fix health care, and I will be the first to admit we need to do that. But how we do it—how we do it is ultimately important, not just for the health care of Americans, but it will markedly impact our economy.

The very idea that we have to have another \$1.3 trillion to \$2 trillion to fix health care does not fit with any realistic set of facts anywhere else in the world. We spend twice as much per person in this country as anybody else in the world save Switzerland. We are not getting value for what we are buying.

Now, why aren't we? One of the reasons we are not is because you are not in control of your health care. You do not get to see a transparent price or quality or availability for what you purchased because we have given over the payment for that to some other organization. So we are less inclined to be prudent purchasers because it is not coming out of our pocket, whether it is Medicaid or Medicare or a health insurance plan. We ought to be about fixing that. And our health care cannot be about bureaucrats in Washington. It is personal. It is also local.

The trust in a patient-doctor relationship is enhanced by transparency of the cost and transparency of the quality. You ought to be able to go and buy a health care service and know what it is going to cost before you buy it, and you ought to know that you are likely to get great outcomes based on transparency of quality. That has to be there.

The second thing that has to be there is you have to know we are going to spend the dollars in a way to prevent you from getting sick, not just take care of you once you get sick. Grandmom was right: An ounce of prevention is worth more than a pound of cure. Yet we do not incentivize that in any of the Federal Government programs we have today. And we do some—especially in the ERISA-based plans or the company-owned plans, they have learned this.

A great plan that is out there that people are fortunate to have is Safeway. Safeway's health care costs have risen one-half of 1 percent in the last 4 years. The average of other plans of other employers has risen 42 percent. What is the difference? Why is it that Safeway, with 200,000 employees, has been able to have only half a percent, plus they also have increased satisfaction with the health care they are getting? What is the difference? The difference is prevention and wellness and management of chronic disease.

So anything we do that does not address prevention and incentivize it, wellness and incentivize it, and management of chronic disease and incentivize it will not make any fix we do here sustainable. We can cover everybody in the country. We can charge \$1.2 trillion or \$1.3 trillion to our kids over the next 10 years and we can get everybody covered, but if we have not fixed the sustainability to where we do not have a 7.2-percent automatic infla-

tion in health care every year, we will not have done anything. And it will not be long before we will not be able to afford it, and then we will take the people in the government-run option and we will put them into Medicare, and then we will do a price control.

There is no question that we need to carefully address America's health care challenge. We need to find immediate measurable ways to make it more accessible and affordable without jeopardizing quality. We need to make sure we give individuals choice at every point in the health care continuum. And we need to make sure we allow personalized care. We are not a bunch of cattle lining up in the chute. Everybody is different. Everybody needs to be able to make their own decisions.

On top of that, the No. 1 thing we have to do is protect the doctor-patient relationship. Half of getting well is having confidence in the person who is treating you. When you do not get to choose that, as you do not in Medicaid and oftentimes in Medicare because we are limited to the doctors who are taking Medicare, you are limiting the outcome.

If you cannot get treatment when you need it, there is a crisis. If you are denied the ability to choose the doctor or hospital that is best for you, that is a crisis for you. If you cannot afford the coverage you need for you and your family, then you have a crisis.

We need to stop looking at it from a global perspective and restore the humanity to health care. We need to focus more on people and less on the system.

I have a lot of ideas on health care. I, along with many others, have introduced the Patient's Choice Act, where we allow everybody to have insurance in this country. We equalize the tax treatment for everybody in this country.

All the studies say that any plan Congress puts forward, our plan will do as well or better with some major differences. We do not raise the cost at all. It does not cost anything. As a matter of fact, it saves the States \$1.3 trillion over the next 10 years just on Medicaid alone. And every Medicaid patient out there will have a private insurance program, and nobody will ever know if they got it through Medicaid or not. They will be truly accessing and having the care, and we will not raise taxes on anybody to do that—no one.

The other thing we do is, if you like what you have today, you can keep it. You absolutely can keep it. If what you have is what you want, it gives you care when you want it, access to the doctors you want or to the hospital you want, and you can afford it, you are going to keep it. But if you would like something different, and not be locked in, not having to stay at a job because you are afraid you will not have insurance when you leave, you need to look at what we are talking about.

There is no preexisting illness exclusion. There is no individual mandate,

although there is an auto enrollment where you can opt out. If you do not want health insurance, you do not have to take it, but you do not get the tax credit that goes along with buying it.

So, in fact, of the 46 million people who do not have access to care today through an insurance program, they will have it under this program, and they will have prevention, and they will have wellness, and they will have a medical home or an accountable care organization to manage their chronic disease, help them manage it. And they will get to do that where they want to do it, not where some bureaucrat tells them they will do it or where some insurance company tells them where they will do it.

We have a chance to hit a home run for the American people on health care—not just on their health care, but keeping us globally competitive, keeping jobs here at home instead of shipping them off where the labor costs and health care costs are less. We have a chance to hit two home runs. The question is, Will we do it?

We have before us in the HELP Committee a draft of a bill that has three big blanks on it. We do not have any analysis by the CBO on what it is going to cost. We have no knowledge about what it costs, and we are going to be marking that up in a week. We are supposed to get health care done in 6 weeks in this country, which is 17 percent of our GDP, one-sixth of our economy, and we are going to do it without knowing what we are doing.

The parameters under which this Senate is addressing health care are a prescription for disaster. What we should do is put out the bills, have a legitimate debate about what is a proper way to go, and let the American people hear the debate and see which way to go. I will tell you, if you allow the American people to decide: Here is a government-controlled option or here is my option, with me choosing everything, me not depending on the government, me making the choices for my family—when I want it, where I want it, and how I want it—individual freedom and liberty will win every time over a government-mandated program or a, quote, public government-run insurance company.

The PRESIDING OFFICER. The Chair reminds the Senator that his time under morning business has expired.

Mr. COBURN. Madam President, I ask for 10 additional minutes.

The PRESIDING OFFICER. Is there objection?

Mr. WHITEHOUSE. I do not object. It will be the last extension?

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. COBURN. I thank the Chair.

One of the questions we ought to ask the American people is: Would you rather pay the costs you pay today for the quality of care you currently receive or would you rather get in line, pay less, not have the same quality,

and not get to choose the health care you are going to get or your family is going to get—defer the decisionmaking about you and your family's health care to a government bureaucracy?

All of us agree, Democrats and Republicans, we want to fix health care. All of us want prevention, wellness, management of chronic disease. All of us want as much freedom as we can give the American people. But the difference lies in how we do it and who pays the bill. That is why I started out with the article from Adrian Rogers. We are going to spend \$2.4 trillion on health care this year, and we are going to get back \$1.7 trillion worth of health care.

We should not be spending a penny more. What we should be saying to the Senate is: Why aren't you fixing what is wrong with this terrible, broken system? And the answer is: We need more money. That is the government's answer every time. Every time: We need more money. We need a new program.

We do not need a new program. What we need is to allow the individual entrepreneurship and ingenuity of the American people and give them the resources with which to buy their health care and make their personal choices, and what you will see is a dynamic that squeezes \$500 billion to \$700 billion out of the cost of health care in this country.

There are a lot of components. Health care is a complex issue. Everybody who worked on it knows it. It is hard in a 20- or 30-minute talk on the floor to explain a bill fully. But if you had absolute access, and you could afford health care, and you got to make the choices, and it did not cost your kids any more in the future to pay for that by borrowing against their future, most Americans would say: I will buy something like that. That is a fix.

And by the way, we are going to incentivize the \$40 billion we spend every year supposedly on prevention to where it is actually making some difference on cost. We are going to quit paying for food that is terrible for you through the Food Stamp Program. We are going to fix the School Lunch Program so we do not feed you high carbohydrates and fat. And we are going to give you protein, fruits, and vegetables. We are going to do that which is necessary to put us on a glidepath to where we have real health care instead of sick care in this country. People will buy that.

I cannot wait for the real debate to start on health care. When you hear the talk, and you read the articles that have been written—just for example, on comparative effectiveness, the director who is involved in that in England said it was the biggest mistake they ever made. It explains why people in England die earlier. It explains why they have a cancer cure rate about a third lower than ours. It explains why people cannot get care because they have a government option. They have a government option that eliminates the

ability for true choice, true access, and true affordability.

One of the things our bill will do is make sure, no matter how sick you are, you get an insurance policy. When it comes time for renewal, they cannot deny you. Our bill gives everybody insurance in this country and incentivizes you to the point where you will have extra money with which you pay for the additional costs associated with that care.

Our plan does not mandate anything, except the base minimum plan is the base minimum plan the Members of Congress get. If you want to buy more than that, you can. But nobody is going to tell you what you have to buy. You buy what is right for you, what is right for your family.

One of the costs of health care in this country—and it is about 8 or 9 percent of the cost of health care—is doctors like me ordering tests you do not need because I fear a malpractice lawsuit. We incentivize the States to make changes—very simple changes—do not eliminate the right of any individual to go to court, but set up health courts or set up judge-doctor-lawyer panels or a combination thereof, and we give them extra money if, in fact, they will do that. It is an easy, cheap buy. Because if we reform the tort system State by State, we get back about a hundredfold for every dollar we put out that comes out of health care that will then go to prevention, wellness, and management of chronic disease.

We have cost-shifting in this country. If you opt out and you go to an ER, your State can buy you a high-deductible policy, whereas you are still covered. You are not going to ever lose your home because you had an accident or you had a major health complication because you will be auto enrolled as soon as you hit the ER. So we eliminate about \$200 billion in cost-shifting.

I have just outlined \$500 billion that can go away under our bill out of \$2.4 trillion—money that does not help anybody get well, money that does not prevent anybody from getting sick.

I had an orthopedist in my office today and he had a patient who he thought had a torn anterior cruciate ligament. That is a ligament connecting the femur to the tibia. And she could not relax. He is a good orthopedist. By clinical exam, you can tell if somebody has torn an ACL, anterior cruciate ligament. So he said: Well, you can't relax. We'll do an MRI. So she comes back a week later and says: Doctor, I didn't do the MRI. I didn't want to pay for that. And she brought a glass of wine with her, a glass of chardonnay. She said: I think if I drink this, about 15 minutes after I drink this, I think I will be relaxed enough for you to do it. Well, sure enough, she did, and she relaxed. She had a torn ACL, and she never had to have an MRI. It just saved us about \$1,800. It saved her and us \$1,800. He could have given her xanax and done the same thing.

But the point is, she made a logical decision not to spend \$1,800 because there was another way of doing it. Part of that was because she had a \$5,000 deductible health care policy, so she made a good economic choice. Multiply that 100,000 times in this country every month and see how much money we can take out of the health care system by people acting in their own best health interest and financial interest.

We have a lot in front of us, and we have a lot that is riding on us. I hope we get to see the bills, which we have not seen yet, and what people want to do. The first bill out is: The government does everything; the government is in control. There is not one government program that either offers the services or is not bankrupt that we have on health care today. Medicare is bankrupt. Medicaid—we are bankrupt, so they are bankrupt. They have \$80 billion worth of fraud in Medicare; \$40 billion worth in Medicaid. The Indian Health Service is a sham, especially on the reservation, because we do not have the quality and we have not put the money there. Why shouldn't a Native American have an insurance policy to be able to buy health care wherever they want? Why shouldn't a veteran be able to get care wherever they want rather than have to travel 200 miles to a VA health care center? Why can't we keep the commitment that we would say: If we are going to offer you access, then we are going to offer you access to the best, the highest quality health care, with you making the decisions about your care, when you get that care, and who gives you that care.

The patient has to come first. Senators' egos have to come second. And we have to fix this program in a way that not only solves the health care crisis but does not create another crisis for our children down the road.

With that, I yield the floor.

I thank my colleague from Rhode Island for his patience, and I wish him a good night.

The PRESIDING OFFICER (Mr. UDALL of Colorado). The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, it is always a pleasure to hear the Senator from Oklahoma discussing health care, which I know is very dear to him. So I did not feel my time was wasted listening to him speak on that subject, and I wish him a good evening as well.

Mr. President, I ask unanimous consent, if I may, to speak in morning business, but to exceed the 10-minute rule.

The PRESIDING OFFICER. Without objection, it is so ordered.

GASPEE DAY

Mr. WHITEHOUSE. Mr. President, the Boston Tea Party is one of the celebrated events in American history. From a young age, Americans learn the story of the men who crept onto British ships moored in Boston harbor on December 16, 1773, to toss overboard